

<h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="margin: 10px 0 0 40px;"><i>(to be used for all correspondence after initial filing)</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Application Number</td> <td>10/776,002 Patent No.: 7,189,723</td> </tr> <tr> <td>Filing Date</td> <td>February 10, 2004 Issued: March 13, 2007</td> </tr> <tr> <td>First Named Inventor</td> <td>Scott A. MITCHELL</td> </tr> <tr> <td>Art Unit</td> <td>1624</td> </tr> <tr> <td>Examiner Name</td> <td>Z. Tucker</td> </tr> <tr> <td>Attorney Docket Number</td> <td>616082003330</td> </tr> </table>	Application Number	10/776,002 Patent No.: 7,189,723	Filing Date	February 10, 2004 Issued: March 13, 2007	First Named Inventor	Scott A. MITCHELL	Art Unit	1624	Examiner Name	Z. Tucker	Attorney Docket Number	616082003330
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Art Unit	1624												
Examiner Name	Z. Tucker												
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Total Number of Pages in This Submission	3												

ENCLOSURES <i>(Check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address (1 page)  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Statement under 37 CFR 3.73(b) (1 page)
<div style="border: 1px solid black; width: 150px; float: left; margin-bottom: 5px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
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Date	January 27, 2012	Reg. No.	61,778